Veterans - Military and Occupational Assessment Tool (V-MOAT)

# A. MILITARY DEMOGRAPHICS: (Please check the answer that best applies) (SECTION A not included if WRIISC intake packet used)

# 1. MILITARY SERVICE:

SERVICE	MONTH/YEAR START	MONTH/YEAR END	SERVICE	MONTH/YEAR START	MONTH/YEAR END
Army	MM / YYYY	MM / YYYY	Air Force	MM / YYYY	MM / YYYY
Army Reserve	MM / YYYY	MM / YYYY	Air Force Reserve	MM / YYYY	MM / YYYY
Army National Guard	MM / YYYY	MM / YYYY	Air National Guard	MM / YYYY	MM / YYYY
Navy	MM / YYYY	MM / YYYY	Marine Corps	MM / YYYY	MM / YYYY
Navy Reserve	MM / YYYY	MM / YYYY	Marine Corps Reserve	MM / YYYY	MM / YYYY
Coast Guard	MM / YYYY	MM / YYYY	Coast Guard Reserve	MM / YYYY	MM / YYYY
Public Health	MM / YYYY	MM / YYYY	Other ()	MM / YYYY	MM / YYYY

2. LAST PAY GRADE (e.g., E5, O4, W3, etc.	):
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# 3.PRIMARY AND SECONDARY MILITARY OCCUPATIONS (e.g., MOS, NEC, AFSC):

TITLE/DESCRIPTION	MONTH/YEAR	TO	MONTH/YEAR
	MM / YYYY	to	MM / YYYY
	MM / YYYY	to	MM / YYYY
	MOA / VVVVV		MOA / VVVVV
	MM / YYYY	to	MM / YYYY

### **4. MILITARY DEPLOYMENTS:**

DEP	LOYMENT	MONTH	YEAR	LOCATION(S)	CONFLICT CODE	MILITARY JOB DUTIES
	START	MM	YYYY		(See below)	(If different from previous page)
<b>#1</b>	END					
	START	MM	YYYY			
#2	END					
	START	MM	YYYY			
	SIAKI	IVIIVI	1111			
<b>#3</b>	END					
	START	MM	YYYY			
<b>44</b>	END					
	START	MM	YYYY			
u <i>=</i>						
<b>#</b> 5	END					

CONFLICT CODES:						
1 = WWII $2 = Korea$			3 = Vietnam	4 = Lebanon	5 = Panama	6 = Grenada
7 = Operation Desert Storm/Desert Shield			8 = Kosovo	9 = Bosnia	10 = Croatia	11 = Somalia
12 = OEF	12 = OEF 13 = OI			14 = Operation New Day	vn	
15 = Other:						

## **B. MILITARY AND OCCUPATIONAL EXPOSURE HISTORY:**

Please indicate if you were exposed to any of the exposures listed in the far-left column. <u>If exposed</u>, please answer additional questions listed in the following columns.

exposed? occur?    1-Yes
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Type of exposure	Examples of this type of exposure include:	Examples of work settings where exposure could occur:	Did you have a job where you were exposed? 1 -Yes 2 -No 3 -Don't know	If you were exposed, list time of the exposure: Start: MM/YR End: MM/YR	If exposed, how were you exposed? (list all that apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact 5-Injection	If exposed, was this exposur e during your  1 - military job 2 - civilian job 3 - both	Over that time, how often would you say you were exposed?  1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or less	Did you wear personal protection when you were exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other 2 -No	Did you have health effects at time of exposure?  1 -No 2 -Mild 3 - Moderate 4 -Severe	How concerned are you about this exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very concerned	Comments Please provide details of any health effects or concerns.
1. CHEMICAL	EXPOSURES				J	•					
Adhesives	Glues, Rubber adhesives, Plastic Adhesives	Manufacture of building materials									
Asbestos	used in products, such as insulation for pipes (steam lines for example), floor tiles, building materials, and in vehicle brakes and clutches.	Old building renovations, ship decommissioning , shipyard work, manufacture of asbestos products, brake repairs									
Combustion Byproducts	Burn pits, burning garbage, smoke from burn pits	Burn pit duties									
Chemicals	Ammonia, Chlorine, Formaldehyde	Toxic Chemical warfare attack, embalming activities									
Chemical Warfare Agents	Mustard gas, nerve agent	Edgewood Arsenal experiments (1955-1975), Project Shad/Project 112 (1962-1973), Khamisiyah Iraq (1991), handling explosive ordinance in Iraq									
Chromium	Sodium dichromate dust used as anti- corrosive agent	Services members stationed at water treatment plan at Qarmat Ali Iraq 2003									
Depleted Uranium	High density metal used in tank armor and some bullets	Inside burning Bradley/Abrams vehicle, firing DU rounds									

Type of exposure	Examples of this type of exposure include:	Examples of work settings where exposure could occur:	Did you have a job where you were exposed? 1 -Yes 2 -No 3 -Don't know	If you were exposed, list time of the exposure:  Start: MM/YR End: MM/YR	If exposed, how were you exposed? (list all that apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact 5-Injection	If exposed, was this exposur e during your  1 - military job 2 - civilian job 3 - both	Over that time, how often would you say you were exposed?  1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or less	Did you wear personal protection when you were exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other 2 -No	Did you have health effects at time of exposure?  1 -No 2 -Mild 3 - Moderate 4 -Severe	How concerned are you about this exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very concerned	Comments Please provide details of any health effects or concerns.
Embedded Metallic Fragments	Penetrating shrapnel injury; blast injury	Training or combat environments									
Explosives	C4, TNT, RDX, HMX	Explosive ordinance disposal									
Fog Oils	Smoke screens	Training or combat environments where visual smoke screens used									
Fuels	JP fuels,	Fueling of aircraft, machinery									
	Diesel fuels  Gasoline (do we need separate category for this?)	Use in vehicles with diesel engines									
Heavy Metals	Mercury  Arsenic  Aluminum  Cadmium  Lead (Lead based paint, ammunition, water from leadbased pipes, soil, leaded gasoline)	Machinists with metal, gear, machine treatments and cleaning, welding, ingestion of food/water with heavy metals, removal of lead-based materials (Bridge repair; Radiator repair), painting with lead paints, Firing Range (i.e., Excessive weapons shooting in old indoor firing range with inadequate ventilation)									
Herbicides	Agent Orange	Spraying of herbicides in Vietnam									

Type of exposure	Examples of this type of exposure include:	Examples of work settings where exposure could occur:	Did you have a job where you were exposed? 1 -Yes 2 -No 3 -Don't know	If you were exposed, list time of the exposure: Start: MM/YR End: MM/YR	If exposed, how were you exposed? (list all that apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact 5-Injection	If exposed, was this exposur e during your  1 - military job 2 - civilian job 3 - both	Over that time, how often would you say you were exposed?  1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or less	Did you wear personal protection when you were exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other 2 -No	Did you have health effects at time of exposure? 1 -No 2 -Mild 3 - Moderate 4 -Severe	How concerned are you about this exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very concerned	Comments Please provide details of any health effects or concerns.
Industrial Airborne Pollution	Airborne pollution from factories, burning, combat events	Polluted factories, burning events, faulty waste incinerators			,						
Paint spraying or dust from sanding	Chemical Agent Resistant Coating (CARC)	Used during Gulf War 1 (1990-1991) to paint vehicles									
Pesticides	DDT, Diazinon (banned 2004); Malathion; Chlordane (banned 1988)	Pesticide workers; Commercial farming, Accidental overexposure when applying insecticides									
Petrochemical Fumes	Tent heater smoke; Oil/Chemical fires;	Cold-weather camping Oil well fires in									
	Vehicle fumes	Persian Gulf Auto/Truck mechanic, Oil delivery & Services									
Polychlorinate d biphenyls (PCBs)	Products made before 1977 that include old fluorescent lighting fixtures and electrical devices containing PCB capacitors, and old microscope and hydraulic oils. PCBs also are common contaminants in fish.	Destruction and demolition activities involving products that contact PCBs									

	T	1		1		1	1	1	
<u>Perfluoroalkyl</u>	Synthetic	Firefighters							
<u>and</u>	chemicals found in								
polyfluoroalkyl	many products,								
substances	such as clothing,								
(PFAS or	carpets, fabrics for								
PFOA)	furniture,								
	adhesives, paper								
	packaging for								
	food, and heat-								
	resistant/non-stick								
	cookware. Also								
	present in fire-								
	fighting foams (or								
	aqueous film								
	forming foam;								
	AFFF) used by								
	firefighters.								
Solvents,	Acetone	Used to make							
Industrial		plastic, fibers,							
		drugs, and other							
		chemicals. used							
		to dissolve other							
		substances.							
		Occurs naturally							
		in plants, trees,							
		volcanic gases,							
		forest fires.							
		Present in vehicle							
		exhaust, tobacco							
		smoke, and							
		landfill sites.							
	Benzene	Manufacture of							
		plastics, resins,							
		other synthetic							
		fibers. Used in							
		rubbers,							
		dyes/lubricants.							
		Natural emission							
		sources include							
		volcanic ash and							
		forest fires.							
		Natural part of							
		crude oil,							
		cigarette smoke,							
		gasoline.							
	Tetrachloroethylen	Used as dry-							
	e	cleaning agent							
		and metal							
		degreasing							
		solvent. Used to							
		make other							
		chemicals and in							
		some consumer							
		products.							
	l	products.		l			l		

		Veterans									
		stationed at									
		Camp Lejeune									
		may have									
		concerns about this (1953-1987)									
	Tui-1-1										
	Trichloroethylene	Refrigerants,									
		Degreasers, Auto									
		body repair, Auto									
		mechanic, Dry									
		cleaning.									
		Veterans									
		stationed at									
		Camp Lejeune									
		may have									
		concerns about									
		this (1953-1987)									
	Xylene	Used as solvent									
		in the printing,									
		rubber, and									
		leather industries.									
		Also used as a									
		cleaning agent,									
		thinner for paint,									
		and in paints and									
		varnishes. Found									
		in small amounts									
		in airplane fuel									
		and gasoline.									
Type of	Examples of this	Examples of	Did you	If you were	If exposed,	If	Over that time,	Did you wear	Did you	How	Comments
exposure	type of exposure	work settings	have a job	exposed,	how were you	exposed,	how often would	personal	have	concerned	Please
•	include:	where exposure	where you	list time of	exposed? (list	was this	you say you were	protection when	health	are you	provide
		could occur:		_			exposed?	1	effects at	about this	details of
		could occur.	were	the	all that	exposur	exposeu:	you were	enects at	about tins	
i		could occur.	were exposed?	the exposure:		exposur e during	exposeu:	exposed?	time of	exposure?	any health
		could occur.			an that apply)		1 - every day	exposed?			
		could occur.	exposed?	exposure: Start:	apply) 1-Breathing	e during	1 - every day 2 - 1-4 times /	exposed?	time of exposure?		any health
		could occur.	exposed?  1 -Yes 2 -No	exposure: Start: MM/YR	apply) 1-Breathing 2-Skin	e during your	1 - every day	exposed?  1 -Yes If yes, what?	time of exposure?	exposure?  1 -Not concerned	any health effects or
		could occur.	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact	e during your  1 - military	1 - every day 2 - 1-4 times / month 3 - once/month to	exposed?  1 -Yes If yes, what? -Gloves, Mask,	time of exposure? 1 -No 2 -Mild	exposure?  1 -Not concerned 2 -	any health effects or
		count occur.	exposed?  1 -Yes 2 -No	exposure: Start: MM/YR	apply) 1-Breathing 2-Skin Contact 3-Eating or	e during your  1 - military job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator,	time of exposure? 1 -No 2 -Mild 3 -	exposure?  1 -Not concerned 2 - Moderately	any health effects or
		count occur.	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by	e during your  1 - military job 2 -	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear,	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned	any health effects or
		count occur.	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth	e during your  1 - military job 2 - civilian	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit,	time of exposure? 1 -No 2 -Mild 3 -	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
		count occur.	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned	any health effects or
2 DHVSICAT	EVDOCUDES	count occur.	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth	e during your  1 - military job 2 - civilian	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit,	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
2. PHYSICAL			exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed	Various or	"Havana	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy	Various or undifferentiated	"Havana syndrome," or	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed	Various or undifferentiated sources, and	"Havana syndrome," or neurologic	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy	Various or undifferentiated sources, and possible overlap	"Havana syndrome," or neurologic symptoms that	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy	Various or undifferentiated sources, and possible overlap with non-ionizing	"Havana syndrome," or neurologic symptoms that are possibly	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy Sources	Various or undifferentiated sources, and possible overlap with non-ionizing radiation (below)	"Havana syndrome," or neurologic symptoms that are possibly unexplained	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy Sources	Various or undifferentiated sources, and possible overlap with non-ionizing radiation (below) Dusty and Sandy	"Havana syndrome," or neurologic symptoms that are possibly unexplained Persian Gulf	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy Sources  Dust/Sand Storms	Various or undifferentiated sources, and possible overlap with non-ionizing radiation (below) Dusty and Sandy Environments	"Havana syndrome," or neurologic symptoms that are possibly unexplained Persian Gulf Sand Storms	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy Sources  Dust/Sand Storms Extreme Heat	Various or undifferentiated sources, and possible overlap with non-ionizing radiation (below) Dusty and Sandy Environments Extreme Heat	"Havana syndrome," or neurologic symptoms that are possibly unexplained Persian Gulf Sand Storms Heat stroke, heat	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or
Directed Energy Sources  Dust/Sand Storms	Various or undifferentiated sources, and possible overlap with non-ionizing radiation (below) Dusty and Sandy Environments	"Havana syndrome," or neurologic symptoms that are possibly unexplained Persian Gulf Sand Storms	exposed?  1 -Yes 2 -No 3 -Don't	exposure: Start: MM/YR End:	apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact	e during your  1 - military job 2 - civilian job	1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or	exposed?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other	time of exposure? 1 -No 2 -Mild 3 - Moderate	exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very	any health effects or

	Injury										
Excessive	Quick Movement	Helicopters; jack									
Vibration	back and forth or	hammer users									
	up and down										
Extreme	Extreme Sunlight	Sunburns									
Sunlight	Injury	(blistering burns)									
Exposure											
Ionizing	Nuclear weapons,	Handling nuclear									
Radiation or	x-rays	weapons, x-ray									
Radiological		technician,									
Agents		sunburn damage, participated in									
		atmospheric									
		nuclear weapons									
		tests (1945-1962)									
		(1) (3 1) (2)									
Lasers	Certain optics,	Research lab,				]					
	accidental	work with laser-									
	exposure by laser	guided weapons									
	weapon	systems									
Non-Ionizing	Radar/microwave,	Working with									
Radiation	radiofrequencies,	Radar/microwave									
	potential overlap with Directed	/communications equipment									
	Energy (above)	equipment									
Noise	Generator, Aircraft	Artillery, Combat									
110150	noises, Heavy	Events, Blasts,									
	machinery	EOD personnel,									
	,	Weapons firing									
3. BIOLOGIC	AL EXPOSURES										
Type of	Examples of this	Examples of	Did you	If you were	If exposed,	If	Over that time,	Did you wear	Did you	How	Comments
exposure	type of exposure	settings where	have a job	exposed,	how were you	exposed,	how often would	personal	have	concerned	Please
	include:	exposure could	where you	list time of	exposed? (list	was this	you say you were	protection when	health	are you	provide
		occur:	were exposed?	the	all that apply)	exposur e during	exposed?	you were exposed?	effects at time of	about this exposure?	details of any health
			exposeu:	exposure:	appiy)	your	1 - every day	exposeu:	exposure?	exposure:	effects or
			1 -Yes	Start:	1-Breathing	jour	2 - 1-4 times /	1 -Yes	спрозител	1 -Not	concerns.
			2 -No	MM/YR	2-Skin	1 -	month	If yes, what?	1 -No	concerned	
			3 -Don't	End:	Contact	military	3 - once/month to	-Gloves, Mask,	2 -Mild	2 -	
			know	MM/YR	3-Eating or	job	once/6 months	Respirator,	3 -	Moderately	
					Drinking, by mouth	2 - civilian	4 - once/year or	Eyewear, Protective suit,	Moderate	concerned 3 -Very	
					4-Eye Contact	job	less	headgear, Other	4 -Severe	concerned	
					5-Injection	3 - both		2 -No		concerned	
Biological	Coxiella Burnetii,	Project			Ž						
Warfare	Francisella	Shad/Project 112									
Agents	tularensis, and	(1962-1973)									
	Staphylococcal Enterotoxin B,										
Blood/Bodily	Blood, Semen,	Medical Care,									
Fluids	Vaginal Secretions	Casualty									
	20010113	Recovery, Sexual									
		Trauma,									
		Forensics, Burn									
		Pit with medical									

		or human waste									
Infections	Insect/Animal infections (Malaria, Lyme, disease, Ehrlichiosis)	Deployments to endemic areas.									
	Food or Waterborne Infection (Dysentery, leptospirosis)	Polluted environments									
	Tuberculosis	Deployments to locales where high prevalence of TB									
	Skin Infections (Tinea, Cellulitis)										
	Respiratory Infections (pneumonia, COVID-19)	Crowded environments									
	Sexually Transmitted Diseases (HIV, syphilis, gonorrhea, chlamydia)										
Mold	Other Grows in places	Old structures									
	with lots of moisture	with water damage, flooding, air conditioning repairs									
4. INJURIES											
Type of exposure	Examples of this type of injury include:	Examples of types of injury:	Did you have a job where you were injured? 1 -Yes 2 -No 3 -Don't know	If you were injured, list time of the injury: Start: MM/YR End: MM/YR	If injured, how were you injured? (list all that apply)  1-Breathing 2-Skin Contact 3-Eating or Drinking, by mouth 4-Eye Contact 5-Injection	If injured, was this injury during your  1 - military job 2 - civilian job 3 - both	Over that time, how often would you say you were injured?  1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or less	Did you wear personal protection or were precautions in place when you were injured?  1 -Yes If yes, what? -Gloves, Mask, Respirator, Eyewear, Protective suit, headgear, Other 2 -No	Did you have health effects at time of injury?  1 -No 2 -Mild 3 - Moderate 4 -Severe	How concerned are you about this injury?  1 -Not concerned 2 - Moderately concerned 3 -Very concerned	Comments Please provide details of any health effects or concerns.
Traumatic Injuries	Inhalation Injury	Smoke inhalation injury									
-	Head Injury	Loss of consciousness,									

Overuse Injuries	Musculoskeletal Injury Burn (chemical or thermal) Blast Injuries, Explosive Injuries Back Pain Knee Pain Foot Pain	concussion traumatic brain injury Back injury, knee injury									
F DOVOLIO	Carpal Tunnel Other:	CODS									
Type of exposure	Examples of stressor events include:	Examples of this type of stressor :	Did you have a job where you had this stressor?? 1 -Yes 2 -No 3 -Don't know	If Yes, , list time of stressor: Start: MM/YR End: MM/YR	If stressor, how were you exposed? (list all that apply)  1-Awareness that stressful/traum atic event could happen 2-Heard about stressful/traum atic event happening 3-Witnessed stressful/traum atic event happening 4-Experienced stressful/traum atic event	If exposed, was this exposur e during your  1 - military job 2 - civilian job 3 - both	Over that time, how often would you say you were exposed?  1 - every day 2 - 1-4 times / month 3 - once/month to once/6 months 4 - once/year or less	Did you have health effects at time of stressor event?  1 -No 2 -Mild 3 -Moderate 4 -Severe	How concerned are you about this exposure?  1 -Not concerned 2 - Moderately concerned 3 -Very concerned	Comments: Please provie any health et concerns.	
Combat Stressors	Combat patrols, firing Weapon, threat of being killed, seeing people injured or killed, surrounded by enemy	PTSD									
Physical Assault	Physical Attacks	Hand to Hand Combat, Fights									

Sexual Trauma	Military Sexual Trauma	Sexual Assault, Rape								
Type of Preventive Measure	Examples of health preventive measure:	Examples of when health preventive measure used:	Did you have a job where you received this health preventive measure?  1 -Yes 2 -No 3 -Don't know	If Yes, list when taken: Start: MM/YR End: MM/YR	If taken, how many times taken?  1-Rarely, 1-2 times  2- Occasionally (few weeks up to a month)  3-Often (used for several months up to a year)  4-Frequently (used on regular basis over many years)	If taken, when did you take?  1 - during military job  2 - during civilian job  3 - both	If taken, did you have health effects at time? 1 -No 2 -Mild 3 -Moderate 4 -Severe	How concerned are you about this exposure?  1 -Not concerned 2 -Moderately concerned 3 -Very concerned	Comments: Please provice effects or con	de details of any health ncerns.
Vaccinations	Anthrax	Anthrax vaccine used during deployments to Persian Gulf and Afghanistan			yearsy					
Anti-Malarial Medications	Doxycyline, Mefloquine  Primaquine Atovaquone- proguanil (Malarone), Chloroquine, other antimalarial	Antimalarials used for deployments to Somalia, Africa, Afghanistan								
Pesticides	DEET, permetherin	Commonly used in field training or deployments								
Pyridostigmine Bromide Tablets	Use during Gulf War 1 (1990-1991)	Nerve agent preventive medication used								

MILITARY AND OCCUPATIONAL ILLNESSES AND INJURIES:  Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide  Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes  MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?  1 2 3 4 5 6 7 8  No not at all worried  If you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?  1 2 3 4 5 6 7 8  No No Nothing I can do	es, provide details.
Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
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Have you ever been off work for more than one day because of an illness or injury related to your military or civilian work? If yes, provide Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
Have you ever been advised to change jobs or work assignments because of any military or occupational illness or injury? (ATSDR). If yes MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	es, provide details. ?
MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?  2 3 4 5 6 7 8  Ot at all worried  f you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?	?
MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?  2 3 4 5 6 7 8  Out at all worried  If you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?	?
MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	?
MILITARY EXPOSURE CONCERNS:  Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	?
Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?  2 3 4 5 6 7 8  or at all worried  If you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?  2 3 4 5 6 7 8  or anything you can do to improve your health?	9 10
Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	9 10
Are you worried about your health because you believe you were exposed to something in the environment while you were in the military?    2	9 10
2 3 4 5 6 7 8  or at all worried  If you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?	9 10
f you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?	
If you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?  2 3 4 5 6 7 8	Yes Very V
if you were exposed to an environmental exposure, do you believe there is anything you can do to improve your health?	
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Are you concerned you may have passed exposures to close family or friend?	
The your concerned you may have passed empositions to cross raining or month.	
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Are you concerned you came in contact with exposure through close contact with family or friend?	
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	9 10 Vec Very e
ot at all concerned	9 10 Yes Very co

### HOBBIES AND NON-OCCUPATIONAL EXPOSURES: (Please indicate if you have ever performed any of these activities. If yes, please answer the following questions)

	Have you participated in this activity frequently over any 6-month period?	If yes, did you wear any personal protection during these activities such as headgear, masks, boots, gloves, or other protective equipment?	Did you have health effects at time of exposure?
1. Painting or Renovating your home	□Yes, within the past 10 years □Yes, but more than 10 years ago □No	□Yes □No □Sometimes	1 -No noticeable health effects     2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.     3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea.     4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
2. Furniture Making or Refinishing	□Yes, within the past 10 years □Yes, but more than 10 years ago □No	□Yes □No □Sometimes	1 -No noticeable health effects     2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.  3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea.  4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
3. Woodworking or sanding stone/granite/marble	□Yes, within the past 10 years □Yes, but more than 10 years ago □No	□Yes □No □Sometimes	<ol> <li>No noticeable health effects</li> <li>-Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.</li> <li>-Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea.</li> <li>-Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment</li> </ol>
4. Auto Repair or Body Work	□Yes, within the past 10 years □Yes, but more than 10 years ago □No	□Yes □No □Sometimes	1 -No noticeable health effects 2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.  3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea.  4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
5. Work with Glues, Solvents, or Chemicals (such as those used in model building, fiberglass repair, etc.)	□Yes, within the past 10 years □Yes, but more than 10 years ago □No	□Yes □No □Sometimes	<ul> <li>1 -No noticeable health effects</li> <li>2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.</li> <li>3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing</li> </ul>

				or eye irritation; some difficulty breathing; or mild dizziness and nausea.  4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
6.	Pesticides while gardening or farming	□Yes, within the past 10 years	□Yes	1 -No noticeable health effects
		□Yes, but more than 10 years ago	□No □Sometimes	2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.
		□No		3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea. 4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
7.	Jewelry making, pottery work, studio painting, stained glass	□Yes, within the past 10 years	□Yes	1 -No noticeable health effects
	windows	□Yes, but more than 10 years ago	□No □Sometimes	2 -Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors.
		□No		3 -Moderate effects or symptoms that had some effect on physical activity. Examples: notable coughing or eye irritation; some difficulty breathing; or mild dizziness and nausea. 4 -Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment
8.	Physical Extreme sports (mountain	□Yes, within the past 10 years	□Yes	1 -No noticeable health effects
	climbing, scuba diving, parachuting)	□Yes, but more than 10 years	□No	2 -Mild effects or symptoms that did not affect ability to conduct physical activities.
		ago	□Sometimes	3 -Moderate effects or symptoms that had some effect on physical activity.
		□No		4 -Severe effects that were so debilitating, they severely impaired physical activity and/or required medical treatment
9.	Contact athletics (martial arts, MMA, boxing, rugby)	□Yes, within the past 10 years	□Yes	1 -No noticeable health effects
	minit, boxing, rugby)	□Yes, but more than 10 years ago	□No	2 -Mild effects or symptoms that did not affect ability to conduct physical activities.
		□No	□Sometimes	3 -Moderate effects or symptoms that had some effect on physical activity.
				4 -Severe effects to include debilitating effects that severely impaired physical activity and/or required medical treatment
10.	Endurance athletics (tri-athlete, marathons)	□Yes, within the past 10 years	□Yes	1 -No noticeable health effects
	and was very	□Yes, but more than 10 years ago	□No	2 -Mild effects or symptoms that did not affect ability to conduct physical activities.
		□No	□Sometimes	3 -Moderate effects or symptoms that had some effect on physical activity.
				4 -Severe effects to include those that were debilitating that severely impaired physical activity and/or required medical treatment